

Australia Trade Mission May 19-27, 2006

FOREIGN OFFICE SERVICE REQUEST

In order to provide a high quality service, it is necessary for us to have detailed, up-to-date information about your needs, your products and how you wish to proceed in the market you have targeted. Please complete this form and return it via fax or e-mail to the address listed on the last page.

Information submitted by a firm or individual seeking assistance under the Department of Commerce's export development programs is subject to Wisconsin's Open Records Law. If you are including information that you regard as a trade secret and confidential, please review and complete the Trade Secret Certification Attachment. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Company Name		Date
Name and Title of Person(s) Requesting this Service		
Address		
Telephone	Fax	Email

Please check the services in which you are interested:

	Market Overview Study	Distributor Search
Australia		

BASIC COMPANY INFORMATION

Total Annual Sales \$	Domestic Sales \$ or %	Exports Sales \$ or %
	Number of Employees	Year Founded
Company Web Site		
Region of Wisconsin <input type="checkbox"/> Northern <input type="checkbox"/> East Central <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest		
What language capabilities do you have within your existing sales staff to respond to foreign business? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Spanish</div> <div style="width: 20%;"><input type="checkbox"/> French</div> <div style="width: 20%;"><input type="checkbox"/> Italian</div> <div style="width: 20%;"><input type="checkbox"/> Russian</div> <div style="width: 20%;"><input type="checkbox"/> Arabic</div> <div style="width: 20%;"><input type="checkbox"/> Portuguese</div> <div style="width: 20%;"><input type="checkbox"/> Japanese</div> <div style="width: 20%;"><input type="checkbox"/> Chinese</div> <div style="width: 20%;"><input type="checkbox"/> Korean</div> <div style="width: 20%;"><input type="checkbox"/> Hebrew</div> <div style="width: 20%;"><input type="checkbox"/> German</div> <div style="width: 20%;"><input type="checkbox"/> None</div> <div style="width: 20%;"><input type="checkbox"/> Other (please specify) _____</div> </div>		
If doing an Agent/Distributor Search, is English required for Distributor candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRODUCT INFORMATION

Product Description: Please describe the product you plan to sell in the market. Specify what it is, how it is used, what types of customers use the product, what qualities make it better than your competitors, what value the product holds for your customers, etc

What are the Harmonized System (HS) commodity codes for the products you wish to export? The first six digits of the Schedule B number used on a Shipper's Export Declaration are equivalent to an HS code.

Product: _____ HS commodity code: _____

Product: _____ HS commodity code: _____

Product: _____ HS commodity code: _____

Product: _____ HS commodity code: _____

SIC/NAICS Codes: _____

☐ Don't Know

CURRENT SALES AND DISTRIBUTION METHODS

In relation to your US and foreign competitors, how are your products priced?

- ☐ High end of the market
- ☐ Mid range of the market
- ☐ Lower end of the market

An average sale to our customers would be valued at about \$ _____

What products do your U.S. distributors carry that are compatible but not competitive with your products?

Please describe the customers to whom you sell. List some of your US customers.

How are you currently selling in the U.S.?

- | | |
|--|---|
| <input type="checkbox"/> Through Our Own Sales Force | <input type="checkbox"/> Through distributors |
| <input type="checkbox"/> Through Wholesalers | <input type="checkbox"/> Direct to End-Users |
| <input type="checkbox"/> Other, please describe: | |

Where and how are you selling outside the United States? Are you currently selling in Australia? If so, provide the name(s) of firm(s) with which you are dealing in Australia. If you are requesting an Agent/Distributor search, advise if they are aware you are searching for additional distributors.

COMPETITOR INFORMATION

Please list your major U.S. or foreign competitors, including name and location (U.S. state or foreign country and city).

Which of your competitors are active in this foreign market?

Do you know the names of distributors affiliated with your competitors in this market?

ADDITIONAL MARKET OVERVIEW STUDY QUESTIONS

Please list any additional questions you may have about this market. Our foreign office staff will determine whether it is possible to provide such information within the scope of a Market Overview Study.

MARKET ENTRY STRATEGY
(For Agent/Distributor Search service only)

Describe the method(s) you plan to use to enter the market:

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Representative | <input type="checkbox"/> License | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Agent | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Joint Venture Partner | <input type="checkbox"/> Direct Sales | |
| <input type="checkbox"/> Other, please describe _____ | | |

Have you requested a similar service (market overview study, agent/distributor search or client search) in this market through another company or agency? If so, by whom and what were the results?

What territory terms are you offering?

- ☐ Exclusive rights in the entire country
- ☐ Exclusive rights for part of the country (if so, where _____)
- ☐ Exclusive rights for particular sectors only (if so, which _____)
- ☐ Non-exclusive terms
- ☐ Non-exclusive terms first year; exclusive terms if goals achieved
- ☐ We are flexible on this issue and will negotiate with the contact

Describe the qualifications you need in an agent/distributor.

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| The contact will stock product | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The contact will service the product | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Maximum number of companies you would like to see the contact represent:

- ☐ Less than 10
- ☐ 10-20
- ☐ more than 20
- ☐ Not important
- ☐ The contact may be a manufacturer as well as a distributor

Education Required to Be Your Distributor:

- ☐ Degree in Engineering (list type) _
- ☐ Scientific Degree (list discipline) _
- ☐ Degree in Business
- ☐ Other educational requirements (list) _____

Years of experience required to be your distributor:

- ☐ Less than 5
- ☐ 5-10
- ☐ 10 or more
- ☐ Other technical expertise/experience required (list) _____

Other special requirements:

Transportation and customs:

- ☐ We will ship to a customs entry point in the foreign country.
- ☐ We will ship to a US port and the distributor will take ownership of the product from there.
- ☐ The distributor will take the product from our door and arrange transportation, customs, duties, etc.
- ☐ Other: (describe what arrangement you prefer for transportation and customs clearance.)

What credit terms will you accept?

- ☐ Cash in advance
- ☐ Confirmed Letter of Credit
- ☐ Standby Letter of Credit
- ☐ Cash against Documents
- ☐ Open Account: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 120 days
- ☐ Other: (Please describe the terms of sale you will accept:)

Please describe the customer to whom you expect to sell in this market.

Describe the type of companies you do not want to work with. Example: “We sell through distributors who market to companies building machine tools, **not** to companies buying machine tools.”

Please list any specific firms that should not be contacted such as firms with whom you have existing contracts, firms who may represent your competitors, former agents/distributors, etc.

Please list companies, organizations, or people you already know you would like to meet in the market.

What are your expectations for this market? (Please describe your short- and mid-term expectations).

State any additional information you think may be helpful in our search.

Return this completed form to:

John Konkel
Wisconsin Department of Commerce
620 West Clairemont Avenue
Eau Claire, WI 54701

Phone: (715) 833-6441,
Fax: (715) 833-6336
Email: jkonkel@cvtc.edu

Please send 15 copies of your product literature/company brochures by courier (i.e. FedEx) to:

Ms. Angela Foley, Director
Council of Great Lakes Governors - Australia & New Zealand
Level 8, 65 York Street, Sydney, NSW 2000
AUSTRALIA

Tel: +(61) (2) 9267 9667, Cell: +61 (0) 419 277 922
Email: afoley@cglg-australia.org
Web: www.cglg-australia.org

Please put a value of less than \$10.00 commercial value on the literature for customs purposes.